

WEST Search History

DATE: Wednesday, July 16, 2003

Set Name Query

side by side

Hit Count Set Name

result set

DB=USPT; PLUR=YES; OP=OR

L6	L5 and @py<2002	40	L6
L5	L3 not l4	54	L5
L4	L3 and botul\$8	17	L4
L3	L2 and paraly\$7 same (paravert\$7 or paracerv\$7 or muscle)	71	L3
L2	(treat\$5 or therap\$7) same (spinal or disc or cervical) with (injury or compression)	2114	L2
L1	(treat\$4 or therap\$4) same (spinal or disc or cervical) with (injury or compression)	2006	L1

END OF SEARCH HISTORY

WEST Search History

DATE: Wednesday, July 16, 2003

Set Name Query
side by side

Hit Count Set Name
result set

DB=USPT,PGPB,JPAB,EPAB,DWPI; PLUR=YES; OP=OR

L19	paraspinal with paraly\$7	1	L19
L18	paraspinal with paralys\$5	1	L18
L17	L16 and botulin\$5	7	L17
L16	L15 not (l11 or l3)	163	L16
L15	L14 and muscle with paraly\$6	165	L15
L14	(spinal or cervical or disc) with (compression or injur\$3) same (paraly\$6 or anesth\$8)	802	L14
L13	L3 not l11	4	L13
L12	L11 and botulinum same (pain or anesth\$8 or paraly\$4)	0	L12
L11	L9 and botulinum	106	L11
L10	L9 and l2	106	L10
L9	L1 and (spin\$3 or intrinsic) with muscle	451	L9
L8	L and (spin\$3 or intrinsic) with muscle	3090	L8
L7	L3 and botulinum same (spinal with muscle)	0	L7
L6	L3 and botulinum same (intrinsic with muscle)	0	L6
L5	L3 and botulinum same (spin\$3 or cervical)	2	L5
L4	L3 and botulinum same (spin\$3 with compress\$3)	0	L4
L3	L2 and botulinum with A.u/c.	99	L3
L2	L1 and botulinum	114	L2
L1	(spin\$3 with compress\$3) and (pain or anesth\$8 or paraly\$4)	1225	L1

END OF SEARCH HISTORY

STN Search

FILE 'HOME' ENTERED AT 15:56:49 ON 16 JUL 2003

L1 QUE ((SPIN## OR CERVICAL) (S) (COMPRESSION OR INJURY) OR HERNIA#####) AND
(PARALY##### OR THERAP##### OR ANESTH#####) (A) (AGENT OR TOXIN OR B
OTULINUM)

L3 67 ((SPINAL OR CERVICAL OR DISC) (S) (COMPRESSION OR INJURY) OR
HERNIA) AND (PARALY##### OR ANESTH#####) (S) (SPINAL OR CERVIC
AL) (3N) MUSCLES

L26 123 L25 AND BOTULINUM (P) (PAIN OR PARALY##### OR SPIN## OR MUSCLE
)

(FILE 'HOME' ENTERED AT 15:56:49 ON 16 JUL 2003)

INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI,
BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA,
CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DDFB,
DDFU, DGENE, DRUGB, DRUGLAUNCH, DRUGMONOG2, ...' ENTERED AT 15:57:12 ON
16 JUL 2003

SEA ((SPIN## OR CERVICAL) (S) (COMPRESSION OR INJURY) OR HERNIA

13 FILE ADISCTI
3 FILE ADISINSIGHT
2 FILE ADISNEWS
92 FILE BIOSIS
21 FILE BIOTECHABS
21 FILE BIOTECHDS
10 FILE BIOTECHNO
1 FILE CABA
9 FILE CANCERLIT
134 FILE CAPLUS
1 FILE CEN
2 FILE CIN
12 FILE DDFU
758 FILE DGENE
26 FILE DRUGU
520 FILE EMBASE
24 FILE ESBIODASE
18* FILE FEDRIP
59 FILE IFIPAT
8 FILE JICST-EPLUS
12 FILE LIFESCI
68 FILE MEDLINE
4 FILE NIOSHTIC
1 FILE NTIS
32 FILE PASCAL
1 FILE PHAR
3 FILE PHIN
42 FILE PROMT
67 FILE SCISEARCH
52 FILE TOXCENTER
2133 FILE USPATFULL
95 FILE USPAT2
1 FILE VETU
79 FILE WPIDS
79 FILE WPINDEX

L1 QUE ((SPIN## OR CERVICAL) (S) (COMPRESSION OR INJURY) OR HERNIA

FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, TOXCENTER' ENTERED AT
16:04:33 ON 16 JUL 2003

L2 933 S L1
L3 67 S ((SPINAL OR CERVICAL OR DISC) (S) (COMPRESSION OR INJURY) OR
L4 0 S L3 AND BOTULINUM
L5 0 S L1 AND L3
L6 32 DUP REM L3 (35 DUPLICATES REMOVED)
L7 29 S L6 NOT PY>2002
L8 27 S L7 AND PARALY#####
L9 1 S L8 AND COMPRESSION
L10 19 S L2 AND BOTULINUM
L11 11 DUP REM L10 (8 DUPLICATES REMOVED)
L12 0 S L3 AND L2
L13 4 S L11 AND INTRAMUSCULAR
L14 641 S BOTULINUM (S) INTRAMUSCULAR
L15 124 S L14 AND (SPINAL OR CERVICAL OR DISC)
L16 6 S L14 AND COMPRESSION
L17 3 DUP REM L16 (3 DUPLICATES REMOVED)
L18 114 S L14 AND PARALY#####
L19 49 DUP REM L18 (65 DUPLICATES REMOVED)
L20 46 S L19 NOT PY>2002
L21 46 S L20 NOT (L8 OR L13 OR L17)
L22 464 S BOTULINUM AND PAIN AND (CERVICAL OR SPINAL)
L23 428 S L22 NOT PY>2002
L24 384 S L23 NOT (L2 OR L14)
L25 172 DUP REM L24 (212 DUPLICATES REMOVED)
L26 123 S L25 AND BOTULINUM (P) (PAIN OR PARALY##### OR SPIN## OR MUS
L27 2 S L26 AND (COMPRESSION OR SCIATICA OR HERN##### OR DISC)

L9 ANSWER 1 OF 1 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
 AN 2002:336917 BIOSIS
 DN PREV200200336917
 TI New concept regarding chest pain due to hypoxia of the internal mammary
 arteries in more than 1,600 operated patients with cerebral thoracic
 neurovascular syndrome (CTNVS).
 AU Fernandez Noda, E. I. (1); Rivera Luna, H.; Perez Fernandez, J.; Castillo,
 J.; Perez Izquierdo, M.; Estrada, C.
 CS (1) Monte Mall, Suite 29-B, Hato Rey, 00918 Puerto Rico
 SO Panminerva Medica, (March, 2002) Vol. 44, No. 1, pp. 47-59. print.
 ISSN: 0031-0808.
 DT Article
 LA English
 AB In this article we describe the role of **compression** of the
 vertebral, subclavian, internal mammary, internal carotid arteries,
 brachial plexus and coiling and kinking of the vertebral and basilar
 arteries, the faulty irrigation of blood supply and oxygen of the
 cerebellum and basal ganglia and other areas of the brain followed by
 metabolic processes. Among the effects are: a decrease in the secretion of
 dopamine at the level of the putamen, which produces the symptoms of
 symptomatic Parkinson's disease, chorea due to chronic transitory faulty
 blood supply and oxygen to the caudate nucleus, ballism by hypoxia at the
 level of sub-thalamic and thalamus nuclei and athetosis in the lenticular
 nucleus. This **compression** is caused by hypertrophy of the
 anterior scalenus **muscles** and the **cervical** ribs at the
 level of the vertebrae C6-C7; by the sternocleidomastoid at the level of
 the **cervical** atlas, by the pectoralis minor muscles and coiling
 and kinking of the vertebral, basilar and the internal carotid arteries.
 The decreased blood supply to the cerebellum and basal ganglia is the
 cause of the cerebral thoracic neuro vascular syndrome (CTNVS) and its
 neurological complications, among which are ipsilateral **paralysis**
 , symptomatic Parkinson's disease, functional Alzheimer's disease multiple
 sclerosis and others. We are presently engaged in genetic studies to widen
 our understanding of these illness.

L13 ANSWER 1 OF 4 MEDLINE
 AN 2003059622 MEDLINE
 DN 22457387 PubMed ID: 12569967
 TI Treatment of spasticity with **botulinum** toxin.
 AU O'Brien Christopher F
 CS Elan Pharmaceuticals, San Diego, California 92121, USA...
 Christopher.Obrien@elan.com
 SO CLINICAL JOURNAL OF PAIN, (2002 Nov-Dec) 18 (6 Suppl) S182-90. Ref: 48
 Journal code: 8507389. ISSN: 0749-8047.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LA English
 FS Priority Journals
 EM 200303
 ED Entered STN: 20030207
 Last Updated on STN: 20030319
 Entered Medline: 20030318
 AB Spasticity is an abnormal increase in muscle contraction often caused by damage to central motor pathways that control voluntary movement. During clinical examination, spasticity manifests as an increase in stretch reflexes, producing tendon jerks and resistance appearing as muscle tone. There are many causes of spasticity, including demyelination from multiple sclerosis, congenital damage from diseases such as cerebral palsy, trauma to the brain or spinal cord, hemorrhage or infarction, and other pathologic conditions that interrupt neural pathways. Effects of spasticity range from mild muscle stiffness to severe, painful muscle contractures and repetitive spasms that reduce mobility and substantially impede normal activities of daily living. **Botulinum toxin therapy** reduces spasticity and pain associated with several disorders. Local treatment with **botulinum** toxins can be used as adjunctive therapy, along with oral antispasticity medications, or alone to provide localized decrease in symptoms of spasticity and pain. **Botulinum toxin therapy** may be particularly useful for patients with spasticity due to stroke, whose treatment can be tailored based on recovery of function over time. In addition, **botulinum toxin therapy** is safe for pediatric patients, including children with cerebral palsy, who may not be able to tolerate the cognitive side effects of oral medications. Results of studies evaluating **botulinum** toxin for the treatment of spasticity due to various causes are presented here.

L13 ANSWER 2 OF 4 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
 AN 2003214778 EMBASE
 TI Piriformis syndrome: Anatomic considerations, a new injection technique, and a review of the literature.
 AU Benzon H.T.; Katz J.A.; Benzon H.A.; Iqbal M.S.
 CS Dr. H.T. Benzon, Department of Anesthesiology, N.W. Univ. Feinberg Sch. of Medicine, Feinberg Pavilion, 251 East Huron Street, Chicago, IL 60611, United States. hbenzon@nmff.org
 SO Anesthesiology, (1 Jun 2003) 98/6 (1442-1448).
 Refs: 42
 ISSN: 0003-3022 CODEN: ANESAV
 CY United States
 DT Journal; Article
 FS 008 Neurology and Neurosurgery
 024 Anesthesiology
 037 Drug Literature Index
 LA English

SL English

AB Background: Piriformis syndrome can be caused by anatomic abnormalities. The treatments of piriformis syndrome include the injection of steroid into the piriformis muscle and near the area of the sciatic nerve. These techniques use either fluoroscopy and muscle electromyography to identify the piriformis muscle or a nerve stimulator to stimulate the sciatic nerve. Methods: The authors performed a cadaver study and noted anatomic variations of the piriformis muscle and sciatic nerve. To standardize their technique of injection, they also noted the distance from the lower border of the sacroiliac joint (SIJ) to the sciatic nerve. They retrospectively reviewed the charts of 19 patients who had received piriformis muscle injections, noting the site of needle insertion in terms of the distance from the lower border of the SIJ and the depth of needle insertion at which the motor response of the foot was elicited. The authors tabulated the response of the patients to the injection, any associated diagnoses, and previous treatments that these patients had before the injection. Finally, they reviewed the literature on piriformis syndrome, a rare cause of buttock pain and sciatica. Results: In the cadavers, the distance from the lower border of the SIJ to the sciatic nerve was 2.9 \pm 0.6 (1.8-3.7) cm laterally and 0.7 \pm 0.7 (0.0-2.5) cm caudally. In 65 specimens, the sciatic nerve passed anterior and inferior to the piriformis. In one specimen, the muscle was bipartite and the two components of the sciatic nerve were separate, with the tibial nerve passing below the piriformis and the peroneal nerve passing between the two components of the muscle. In the patients who received the injections, the site of needle insertion was 1.5 \pm 0.8 (0.4-3.0) cm lateral and 1.2 \pm 0.6 (0.5-2.0) cm caudal to the lower border of the SIJ as seen on fluoroscopy. The needle was inserted at a depth of 9.2 \pm 1.5 (7.5-13.0) cm to stimulate the sciatic nerve. Patients had comorbid etiologies including **herniated** disc, failed back surgery syndrome, spinal stenosis, facet syndrome, SIJ dysfunction, and complex regional pain syndrome. Sixteen of the 19 patients responded to the injection, their improvements ranged from a few hours to 3 months. Conclusions: Anatomic abnormalities causing piriformis syndrome are rare. The technique used in the current study was successful in injecting the medications near the area of the sciatic nerve and into the piriformis muscle.

L13 ANSWER 3 OF 4 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

AN 96361586 EMBASE

DN 1996361586

TI Injections and low back pain: Outcome and randomized controlled trials.

AU Balague F.

CS SRMPR, Hopital Cantonal, CH - 1708 Fribourg, Switzerland

SO Bulletin: Hospital for Joint Diseases, (1996) 55/4 (185-190).

ISSN: 0018-5647 CODEN: BHJDEI

CY United States

DT Journal; General Review

FS 019 Rehabilitation and Physical Medicine

031 Arthritis and Rheumatism

033 Orthopedic Surgery

037 Drug Literature Index

LA English

L13 ANSWER 4 OF 4 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

AN 94291175 EMBASE

DN 1994291175

TI New concepts in **botulinum toxin therapy**.

AU Borodic G.E.; Pearce L.B.

CS Beyer, Townsend and Borodic, Ophthalmology Associates, 100 Charles River Plaza, Boston, MA 02114, United States

SO Drug Safety, (1994) 11/3 (145-152).
ISSN: 0114-5916 CODEN: DRSAEA
CY New Zealand
DT Journal; Editorial
FS 008 Neurology and Neurosurgery
012 Ophthalmology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English

L21 ANSWER 3 OF 46 MEDLINE
 TI [Botulinum toxin. Use in the treatment of spasticity in children].
 Botulinumtoksin. Anvendelse til behandling af spasticitet hos born.
 AU Rasmussen L N
 SO UGESKRIFT FOR LAEGER, (2000 Nov 27) 162 (48) 6557-61.
 Journal code: 0141730. ISSN: 0041-5782.

L21 ANSWER 10 OF 46 MEDLINE
 TI Serial neurophysiological studies of **intramuscular**
botulinum-A toxin in humans.
 AU Hamjian J A; Walker F O
 SO MUSCLE AND NERVE, (1994 Dec) 17 (12) 1385-92.
 Journal code: 7803146. ISSN: 0148-639X.

L21 ANSWER 27 OF 46 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
 TI Botulinum-induced muscle **paralysis** alters metabolic gene
 expression and fatigue recovery.
 AU Gorin, Fredric (1); Herrick, Kevin; Froman, Byron; Palmer, Warren; Tait,
 Robert; Carlsen, Richard
 SO American Journal of Physiology, (1996) Vol. 270, No. 1 PART 2, pp.
 R238-R245.
 ISSN: 0002-9513.

L21 ANSWER 39 OF 46 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
 TI Botulinum toxin type A: From toxin to therapeutic agent.
 AU Aoki K.R.; Ismail M.; Tang-Liu D.; Brar B.; Wheeler L.A.
 SO European Journal of Neurology, (1997) 4/SUPPL.2 (S1-S3).
 Refs: 16
 ISSN: 1351-5101 CODEN: EJNEFL

L21 ANSWER 40 OF 46 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
 TI Current trends in the management of spasticity.
 AU Klaiman M.D.
 SO Trauma, (1997) 39/2 (33-49).
 Refs: 19
 ISSN: 0564-1470 CODEN: TRMAAG

L21 ANSWER 46 OF 46 SCISEARCH COPYRIGHT 2003 THOMSON ISI
 TI DETECTION OF CLOSTRIDIUM-**BOTULINUM** TOXIN BY LOCAL
PARALYSIS ELICITED WITH **INTRAMUSCULAR** CHALLENGE
 AU SUGIYAMA H (Reprint); BRENNER S L; DASGUPTA B R
 SO APPLIED MICROBIOLOGY, (1975) Vol. 30, No. 3, pp. 420-423.

L21 ANSWER 3 OF 46 MEDLINE
AN 2001105359 MEDLINE
DN 21032154 PubMed ID: 11187227
TI [Botulinum toxin. Use in the treatment of spasticity in children].
Botulinumtoksin. Anvendelse til behandling af spasticitet hos born.
AU Rasmussen L N
CS Odense Universitetshospital, borneafdeling H.
SO UGESKRIFT FOR LAEGER, (2000 Nov 27) 162 (48) 6557-61.
Journal code: 0141730. ISSN: 0041-5782.
CY Denmark
DT Journal; Article; (JOURNAL ARTICLE)
LA Danish
FS Priority Journals
EM 200102
ED Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20010208
AB The medical treatment of spasticity has improved since the introduction of **botulinum** toxin type A (BTA) for **intramuscular** injection into spastic muscles. Two not directly comparable preparations are on the market: Botox and Dysport. Botox is four times as potent as Dysport. BTA is especially used for spasticity in legs, arms, and the paravertebral musculature. Surface analgesic cream is applied and an oral or rectal sedative is given after which BTA is injected locally according to strict instructions. In the motor end plate, BTA blocks the release into the synaptic cleft of acetylcholine from vesicles in the terminal nerve fibres, thereby bringing about **paralysis** of muscle fibre. Blockade lasts for about four months. The treatment must therefore be repeated. Because the treatment is local, side effects are few, mild, and acceptable.

L27 ANSWER 1 OF 2 MEDLINE
 AN 2002098418 MEDLINE
 DN 21655388 PubMed ID: 11796777
 TI Pallidal deep brain stimulation in patients with **cervical** dystonia and severe **cervical** dyskinesias with **cervical** myelopathy.
 AU Krauss J K; Loher T J; Pohle T; Weber S; Taub E; Barlocher C B; Burgunder J-M
 CS Department of Neurosurgery, University Hospital, Klinikum Mannheim, Mannheim, Germany.. joachim.krauss@nch.ma.uni-heidelberg.de
 SO JOURNAL OF NEUROLOGY, NEUROSURGERY AND PSYCHIATRY, (2002 Feb) 72 (2) 249-56.
 Journal code: 2985191R. ISSN: 0022-3050.
 CY England: United Kingdom
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 200202
 ED Entered STN: 20020207
 Last Updated on STN: 20020228
 Entered Medline: 20020227
 AB OBJECTIVES: Surgical treatment of complex **cervical** dystonia and of **cervical** dyskinesias associated with **cervical** myelopathy is challenging. In this prospective study, the long term effect of chronic pallidal stimulation in **cervical** dystonia and on combining the technique with **spinal** surgery in patients with severe **cervical** dyskinesias and secondary **cervical** myelopathy is described. METHODS: Eight patients with a history of chronic dystonia who did not achieve adequate benefit from medical treatment or **botulinum** toxin injection participated in the study. Five patients had complex **cervical** dystonia with tonic postures and phasic movements. Three patients had rapidly progressive **cervical** myelopathy secondary to severe **cervical** dyskinesias and dystonia in the context of a generalised movement disorder. Quadripolar electrodes were implanted in the posteroventral lateral globus pallidus internus with stereotactic CT and microelectrode guidance. In the three patients with secondary **cervical** myelopathy, **spinal** surgery was performed within a few weeks and included multilevel laminectomies and a four level **cervical** corporectomy with **spinal** stabilisation. RESULTS: Improvement of the movement disorder was noted early after pallidal surgery, but the full benefit could be appreciated only with a delay of several months during chronic stimulation. Three months after surgery, patients with **cervical** dystonia had improved by 38% in the severity score, by 54% in the disability score, and by 38% in the **pain** score of a modified version of the Toronto western spasmodic torticollis rating scale. At a mean follow up of 20 months, the severity score had improved by 63%, the disability score by 69%, and the **pain** score by 50% compared with preoperatively. There was also sustained amelioration of **cervical** dyskinesias in the three patients who underwent **spinal** surgery. Lead fractures occurred in two patients. The mean amplitude needed for chronic deep brain stimulation was 3.8 V at a mean pulse width of 210 micros, which is higher than that used for pallidal stimulation in Parkinson's disease. CONCLUSIONS: Chronic pallidal stimulation is effective for complex **cervical** dystonia and it is a useful adjunct in patients with **cervical** dyskinesias and secondary **cervical** myelopathy who undergo **spinal** surgery.

AN 2001210301 EMBASE
TI Diagnostic and therapeutic injections for the nonoperative treatment of
axial neck **pain** and **cervical** radiculopathy.
AU Gordin V.; Stowe C.
CS Dr. V. Gordin, Pennsylvania State Univ. Coll. Med., Milton S. Hershey
Medical Center, PO Box 850, Hershey, PA 17033-0850, United States.
vgordin@psu.edu
SO Current Opinion in Orthopaedics, (2001) 12/3 (238-244).
Refs: 49
ISSN: 1041-9918 CODEN: COORE
CY United States
DT Journal; General Review
FS 033 Orthopedic Surgery
037 Drug Literature Index
LA English
SL English
AB Neck **pain** with or without cervicogenic headache consumes an
enormous amount of medical services, and yet no clinical studies have
addressed the validity of diagnostic or epidemiologic factors associated
with **muscle** lesions, **disc** pathology, and zygapophyseal
joints as **pain** generators. Provocative **cervical**
discography, when performed by an experienced operator, offers a way to
determine which **discs** are **pain** generators. This can
also provide valuable information in assessing the **disc** levels
above and below a planned discectomy and fusion. **Cervical**
epidural steroid injections have been shown to save anywhere from 40 to
700% of patients from having surgery. Selective **cervical** steroid
injections using a transforaminal approach are being used now by many
practitioners for patients with radicular symptoms because they might
offer a more specific and targeted treatment modality. The zygapophyseal
joint may be an important source of local and referred **cervical**
spine pain. Targeted diagnostic injections with a local
anesthetic followed by radiofrequency neurolysis can play an important
role in the management of **cervical pain**. In a
promising pilot study, **Botulinum** toxin injections were found to
be effective in identifying cases of chronic whiplash associated with
predominantly myogenous etiology. .COPYRGT. 2001 Lippincott Williams &
Wilkins, Inc.